STATE OF MARYLAND

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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	1 -	STATE REGISTRAR	DEPART		ICATE OF DEATH	REG. N	2 0 0	/ 0
ge 3 eoth		CEASED NAME OR PRINTI	LEE	COOM	ast BS	August 28	, 1979	25 HOUR 4
ge 4 co	3. SE	Male	4 RACE White	5. DATE C		6 AGE (IN YEARS LAST BIR		YEAR IF UNDER 24 HR
nerol dire n 72 hour	Ja BI	RIHPLACE (STATE OR FOREIGN) OUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIEDX	St. Mary	OR COUNTY OF DEA	TH ,
by the fur filed within		eonardtown	11. NAME OF HOSPITAL, NURSING MENOT IN SUCH FACILITY, GIVE STREET St. Mary's	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O	ION 12b. KI	ND OF BUSINESS C
filled in bould be fr	13a. S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	RE ADMISSION)	13d INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS		
completely 1 ond 2 sh	14 FA	THER'S NAME FIRST Kenneth David	AIDDLE LAST		15 MOTHER'S MAIDEN NA FIRST Debo:	rah Lynn	Hall	LAST
Poges medic	16a. V	VAS DECEASED EVER IN U.S. ARA		JRITY NO.	Kenneth D.	Coombs	^{ESS} Great Mi	lls,Md.
physicio an papers emoval. event, the		PART I. DEATH WAS CAUSED	ly one cause per line far (a), (b), ar D BY E CAUSE (a) RESPINA		المالية المالية		BET	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
ed by the attending		Conditions, if any, which gove rise to immediate cause 10.1 stating the underlying cause last	DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU (c)	ence of		ative men lisease.		
been sign mit. Then prior to bu ony injury.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH			200. AUTOPSY?	20b. IF YES, WERE F	INDINGS USED
te hos	RTIF				Tax manufacture	YES NO	YES 🗌	NO 🗌
rial-troi ental Hy them 18	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA' {IF EITHER, NOTIFY MEDICAL EXAMINER}	HOUR A.M. MONTH D	AY YEAR 19	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PAI	RT 2)
olfh and M marked or	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.}	21f LOCATION STREET	CITY OR TO	WN COUNT	Y STATE
of Heol	V	saw the deceased alive an obove, (I) (we) (did) (did not	tal) attended the deceased fram		nd that in (my) (our) opinian	death occurred an the d	ate and haur and fram	
tAL DIRE detached ofe Dept JT: If then		226 SIGNATURE	5 Mg		DEGREE ATTENDING PHYSICIAN [MEDICAL STA	FF _	DATE SIGNED
TO FUNERAL Should be deti		22d. PHYSICIAN'S NAME (TYPE OR			22. ADDRESS Leonardto	wn, Maryla	nd 20650	
74 ¥ ₹	23a. E	Burial, cremation, removal Burial			EMETERY OR CREMATORY Ly Face	23d. LOCATION CITY OF TOWN	ills St	Mary s.N
- 16 50M 1/76 A 15 (4))	24 FI	JNERAL DIRECTOR Clarke Matti			25o. DIA		25b. 256	helpery

STATE OF MARYLAND

CVS GR STEELS World Level to be broken 29, 1979 2 200 P Mald witte s 10 79 Pargulard 18 St. Mary's Localaratecon | Lat Mary's Haspital Maryla d St. Maryle, est Mills Dalyres Now can day'd Counts affected light works Lynn Hall denneth D. Coome orcest Millered. - Walter and All States and All Stat Lia Shah, H. . -milat je so, taya in y lase large sille, it hary's, so basigments attitudes acommentown, and and empletely filled in by the funeral dir I and 2 should be filed within 72 hou

remave corbonpopers. Pages physicion

should be detached for use as the buriol-transit permit. Then please remaye carbanpape with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, ar removal.

TO FUNERAL DIRECTOR: After this certificate has been

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician. completely filled in by the funer

STATE OF		
DEPARTMENT OF HEAL	FOR 1 - STATE	
410.00	- STATE	1

MARYLAND TH AND MENTAL HYGIEN

		REGISTRAR				CERTIF	CATE OF DEATH	REG. No	0.				
		CEASED NAME OR PRINT)	SARAH		IZABETH	DE	SMOND	August 14		YEAR	26 HOUR P 7:55		
	3. SE	х	4	RACE		5 DATE O		6. AGE (IN YEARS LAST BIRT			IF UNDER 24 HRS		
		Female	5.84	Blac	k	Sep	t.7,1891	87	YRS.	DAYS	HOURS MIN		
35	C	RTHPLACE (STATE OUNTRY) Marylan		b. CITIZEN OF V	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH St. Mary's					
76		onardto		(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET, Mary's H	ADDRESS)	ROTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY					
35	130 S Ma	aryland	136 COUNT		GIVE RESIDENCE BEFORE 131 CITY OR TOW Scotla	N I	13d INSIDE CITY LIMITS? YES NO 🛣	13e STREET ADDRESS Gen. De	1.				
0	14. FA	THER'S NAME		IDDLE	LAST		15 MOTHER'S MAIDEN NAM	ME		LAST			
80		Charle	es		Smith		Eliza			razier			
1		VAS DECEASED ET			16b SOCIAL SECU		17 INFORMANT	ADDRE	Sec Sec	tla	and,		
		No			143 26	3320	A Marie La	angley Bar		SOE.	Md.		
	TION	Canditians, if gave rise to couse (o), st underlying co	ony, which immediate toting the ause last	DUE TO, OF (b) DUE TO, OF (c) ONDITIONS CO		DEATH BUT	olon (DITION GIVEN IN P				
9	CERTIFICATION	190 DATE OF OPE	ERATION	196 CONDI	TION FOR WHICH	OPERATION	N WAS PERFORMED	YES NO	20b. IF YES, WERE IN CERTIFYING C YES				
9	MEDICAL CER	210. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY M	CAUSE OF DEAT	P./	M. MONTH DA M.	YEAR	210 HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	EY IN ITEM 18, PART 1 OR F	ART 2)			
	MED	21d INJURY OCC	T WHILE T	21e PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITY OR TOW	vn cour	VIY	STATE		
		220.1 certify tha	t (I) (this haspite	al) attended the	e deceased from _			, 10	, 19		that (1) (we) last		
		sow the dec above, (1) (w	eosed alive on e) (did) (did nat	view the body	ofter sleath.	, an	d that in (my) (our) opinion	death occurred on the do	ate and haur and fr	am the d	couses stated		
		22b. SIGNATURE		ngol	2		DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	FF _	DATE S	SIGNED		
1		U.K.	Shah, M				Leonard	town, Mary	land 206!	50			

BP. DHMH - 16 50M 1/76

(VR A 15 (4))

WPORTANT: If them 21 is marked or Item 18 shaws any injury, or other traumatic event, the medical_examiner_must be natified ay once

COUNTY

230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CHYOR TOWN CHYOR TO

| 120 | 1201.7.1991 | 57 | 57 | 1021 | 57 | ARTYLENS X ARTYLENS Commiscion St. Wary's Cospital Let med x banlions a year of banlura ration suit atime har les Consider of the call description in the contract of the call of th M.H. Shah, M.H. Buriel "College" Live carton and remained to the was the latter of the bear manufactures will not the extension

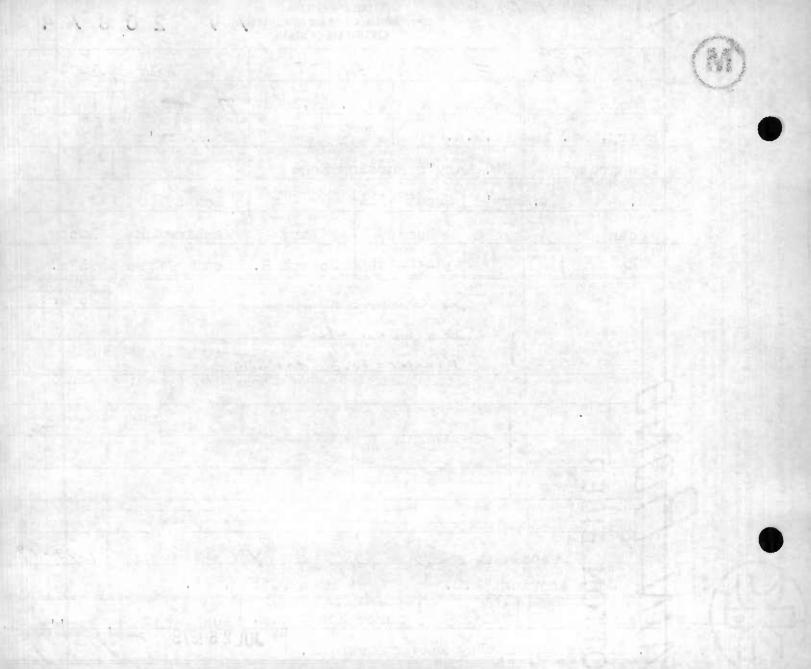
STATE OF MARYLAND

CE:17 PT 50 August 12, 1979 11:39 ET 20 91 GJ 3 1 3 1 3 1 3 1 3 1 Leonardtown St. tary's a mainet I July W. Fonche, M.D.

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGINE

Item 6 g534 8/28/79 gf



(VR A 15 (4))

STATE OF MARYLAND

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FOR

1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	R	REGISTRAR		WED	ICAL EXAMINE	ER'S CERTIFICA	HE OF DEA	REG. NO.				
		EASED NAM	E FIRST		MIDDLE	LAST		20. DATE KNOWN T	MONTH	DAY		2b. HOUR
	(TYPE	OR PRINT)	J	ohn	Henry	Mason	n	DEATH MATED	8	5	79	N
	3. SEX		4. RACE	S DATE OF BIRTH	YEAR LAST BIRTHDAY			2c. DATE PRONOUNCED	нтиом	5	7EAR 79	19:30 P•
	-	ale	black	Jan. 17.		5.		DEAD CITY OF			19	M
2	. FOR	EIGN COUNTRY		76. CITIZEN OF WHA	I COUNTRY?	MARRIED X NEVER	MARRIED	9 BALTIMORE CITY OF	-			
-		Maryl		USA			DIVORCED [St. Mary				MD
3		ements		I IF NOT IN SUCH FACIL	LITY GIVE STREET ADDRESS)	OR OTHER INSTITUTIO	FOR M	JAL OCCUPATION (TYPE	OF WORK		IND OF BUS OR INDUSTR	
						.gChestnutRo	oad La	abor			Farm	
j	13a. ST	ATE	136 COUN	OR OTHER INSTITUTION, GIVE	13c. CITY OR TOWN	13d INSIDE CITY L	IMITS? 13e. STRE	EET ADDRESS				
S	Ma	rylan	d St N	lary's	Oakley	YES 🗆 1	NO	Avenue, Mo	d			
	14. FA	THER'S NAME		WIDDLE	LAST	15. MOTHER'S	MAIDEN NAME	MIDDLE	13		LAST	
0			ward		Mason		Geor	gia		Hi	11	
1	16a. W	AS DECEASE	DEVER IN U.S. AR	MED FORCES?	16b. SOCIAL SECURITY			ADDRES	-	S	t N.	E.
8		No				Louis	se J. Ma	ason Wasl	ning	gto	n.D.	C.
H		18 CAUSE C	F DEATH (Enter o	nly one cause per line fo	or (a), (b), and (c).)						APPROXIMATE	
		PARTIDE	EATH WAS CAUSE	ED BY: Mt	ultiple Gun	shot wounds	5	(handgun)			1211/21/3	
	9	463	50		S A CONSEQUENCE O	F						
	100		ins, if ony, which									
		cause (a) stating the under		S A CONSEQUENCE O	F						
		lying cou	use lost.	(e)								
		PART 2 OTHER S	IGNIFICANT CONDITION	CONTRIBUTING TO GEATH BU	T NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITION GI	YEN IN PART 1 va .	•				
	Z											
	N.	190 DATE OF	OPERATION	19b. CONDITIO	ON FOR WHICH OPERA	TION WAS PERFORME	D?	1.0040.7-		20_	AUTOPSY?	77.
1	FE			3 5 2 5						18	YES 🔀	NO 🗌
2	8 (1)		AL CAUSE WAS	216. TIME OF II	MURY MONTH DAY YEAR	21c. HOW INJURY O	CURRED (ENTER N	NATURE OF INJURY IN ITEM 18 PA	ART I OR PA	ART 2)		
ú	AL	UNDERLYING CONTRIBUTI	G OR ING CAUSE OF	DEATH 8:46PM		shot by a	assailani	t				
	ED	21d INTURY	OCCURRED	21e. PLACE OF	INJURY (ATHOME,	211. LOCATION	HEALE CONTRACT					
	Z	WHILE AT WORK	NOT WHILE	stree	et	Rural/BigCh	nestnutRo	oad, Clement	s, S	t.M	ary's	MD
				Cale		Autapsy X, In	nspection .	Inquiry , ond	in my o			
				ge of the remains descr					iis my o	pinion		
		death result	red from: Note	ordi covies	Accident . Suid	cide . Homicide	_ ^^	ermined monner,				
		ACTUAL	1	TOUS	an	ASSIST	-ant-		DATE		8/6	179
000		SIGNATURE.	//	1		M.D.Z.B.D.Z.B.C	MED	ICAL EXAMINER	SIGNI	ED		(1)
	-	EXAMINER'S	NAME	Hormez R. C	Guard M.D.	ADDDECC	111 Pen	Street, Ba	21+0	MD	2120	01
	730 BI	TYPE OR PRI	(TION, REMOVAL			ADDRESSADDRESS		CATION				
	(5)	urial	THO THE INCOVAL	8/9/1979			CITY	OR TOWN		YINTY	-	ATE .
		INERAL DIREC	CTOR	7/7/17/9	Sacred	neart 250	DATE REC'D. BY	AShwood ST	TRAR'S	SIGIA	JUME IVIC	1
	W.	Clark	e Matti	nglev Tec	onardtown	Maryland	AUG 0	9 19/9	Marcy	1100	-Cross	9
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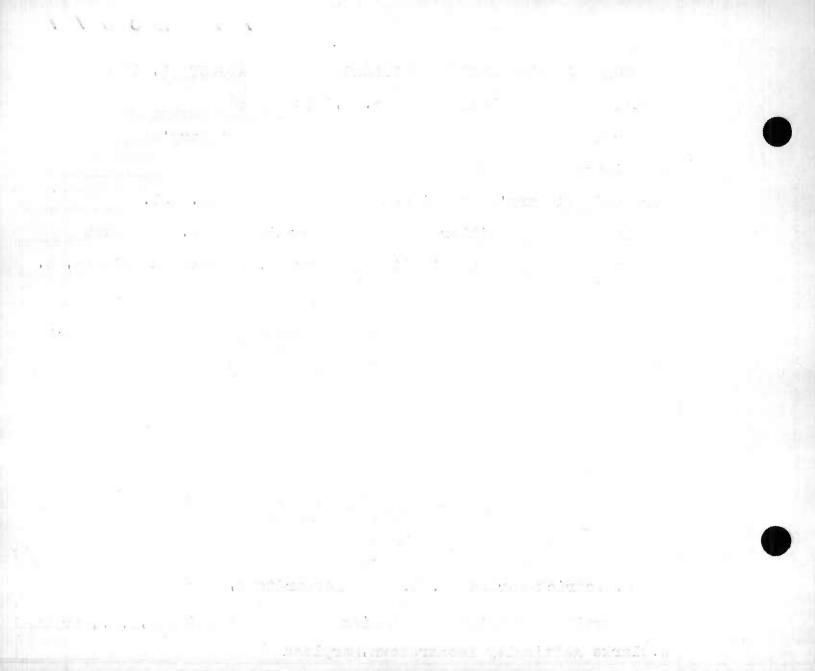
By ESRI, VI. no. 1 Co. 15 March total s miles and some services and services aryland det larry s _____ tollow _ x ___ Avenue. It. Tark and alleged mose Louise noack a saint Constant 7 Colomo Salam Colombia To the second of the Manager of the Chiral grant of the state of th Carle Mattingley Papeardtown Maryland Alle Calling

ITENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after dec

TO HOSPITAL

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7	1	FOR - STATE REGISTRAR		DEPARTMENT O	ATE OF MARYLAND FHEALTH AND MENTAL HYG IFICATE OF DEATH	SIENE/ 9	208	77
		CEASED NAME FIRST	MIDDLE		LAST	2. DATE OF DEATH	MONTH DAY YEAR	2h HOUR
offer death	(117)		NIE MORRI	S MII	LARD	AUGUST	1, 1979	
5	3 SE		4 RACE	S. DAT	E OF BIRTH	& AGE (IN YEARS LAST BIR	RTHOAY) IF UNDER I YE	
		Male	Black	De	c. 26, 1912	66	YRS MONTHS DAY	YS HOURS MIN
of once		IRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	TO CITIZEN OF WHAT CO	DUNTRY? 8 MARI	NED NEVER MARRIED	BALTIMORE CITY OF St Mar	OR COUNTY OF DEATH	M
o Officed		t Inigoes	11. NAME OF HOSPITA	L, NURSING HOM	OR OTHER INSTITUTION	126 USUAL OCCUPAT ITYPE OF WORK FOR MOST	ION 126. KIND	OF BUSINESS OF
must be	USU 13a	AL RESIDENCE (IF NURSING HOME C STATE 136 COL	OR OTHER INSTITUTION, GIVE RESID		134 INSIDE CITY LIMITS?	13. STREET ADDRESS Gen.	Del.	
ond 2 sh	_	THER'S NAME Caleb	Milla Milla	LAST	15 MOTHER'S MAIDEN NAV	ME MIDOLE	Bus	h n
Poges		WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) 1# YES, GI	VE WAR OR DATES)	16 512		. Johnson		
Then please remons to burial, cremon	NOU	gave rise to immediate cause (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBU		/	/ //	OLOS 4	
is permit	CERTIFICATION	14s DATE OF OPERATION	1% CONDITION FO	R WHICH OPERAT	ION WAS PERFORMED	YES NO	20h IF YES, WERE FING IN CERTIFYING CAUS YES	DINGS USED SES OF DEATH? NO [
ntol Hyge em 18 she		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINE	EATH HOUR A.M. MC			RED (ENTER NATURE OF INJU	JRY IN ITEM 18, PART I OR PART 2	1)
hand Me	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJUI (AT HOME, STREET, FACTO	RY IRY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OF TO	WN COUNTY	STATE
d for use of tof Healt		22a 1 certify that (I) (this has sow the deceased alive a above, (I)		ed from 19 79	no that in (my) (popinion o	deoth occurred on the g		
detoche		224 PHYSICIAN NAME (THE	Jarlo	EM.	ATTENDING PHYSICIAN	MEDICAL STA	FF CONT	TE SIGNED
should be de with the Stot		J./Patric	k Jarboe	M. D.	Leonardt	own, Mary	land	
~ > =		Burial, cremation, remova Specify) Burail	8/4/1979		Zion	23d LOCATION CITY OR TOWN St Inie	COUNTY	state Marylan
1-16 20M 5, 4) 7/7B		uneral director .Clarke Matt	ingley Led	nardtov	m.Maryland	AUGU 15197	231. REGISTRAR'S SIGN	ATURE Creedy



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 2a DATE KNOWN 2b. HOUR (Type or Print) ESTI-1979 555 M Millot. Marvin Leo DEATH MATED 3. SEX 4. RACE 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 5. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD HOUR last birthday) Day 7 W 4-17-1899 80 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED form with the State De 8. Give Pages 1 WIDOWED -DIVORCED St. Mary's United States hours ofter death 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Office olong with during most of working life, even if refired.) INDUSTRY retired Glazier - Glass give street oddress) Cedar Lane Apts. Leonardtown 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Maryland 13b. COUNTYSt. Mary's Box 414, Leonardtown, Md. Leonardtown YES INO lond 2 in Item 1 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Googdoo Emma Alfred Millot poges Cancienne the Chief Medical Examiner's hours pencil 6g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Owerling, Va. 17. INFORMANT (Yes, no, ar unknown) (If yes give war or dates of service) 053-05-3974 Thomas S. Millot. 501 E. Williamsburg Road File APPROXIMATE INTERVAL within be executed 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN DISET AND DEATH permit. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) event DUE TO, OR AS A CONSEQUENCE OF buriol-transit Canditions, if ony, which gave rise to immediate cause (a), certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause = farwarded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 050 removal 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? This icate, YES 🗀 NO DO pe 210. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 21b. TIME OF INJURY Month, Dov. Year shauld shauld PRIMARY OR CONTRIBUTING HOUR A.M. MEDICAL crematian. **EXAMINER:** CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, office building, etc.) WHILE AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, held an Autapsy , Inspection Inquiry and in my apinian director. Natural causes Accident death resulted fram: Suicide Hamicide CHIEF MEDICAL EXAMINER prior ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER Health **EXAMINER'S** NAME (Type ADDRESS(Street, city, town, or county) the 0 230. BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) Aug. 14, 1979 Gate Of Heaven Cemetery Splver Spring, Maryland 2Sa. REC'D BY REGISTRAR TROBET PIRKYOR Beall Lanham Funeral HOME 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) 9013 Annapolis Road, Lanham, Maryland 10M REV. 1/68

MAKYLAND STATE DEPARTMENT OF HEALTH

Part In Stable Harden Water and the The state of the s A POTE CONTROL AND A CONTROL CONTROL OF THE PARTY OF THE STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR



Carrill Sita Pure Pure Amgust d, 1979

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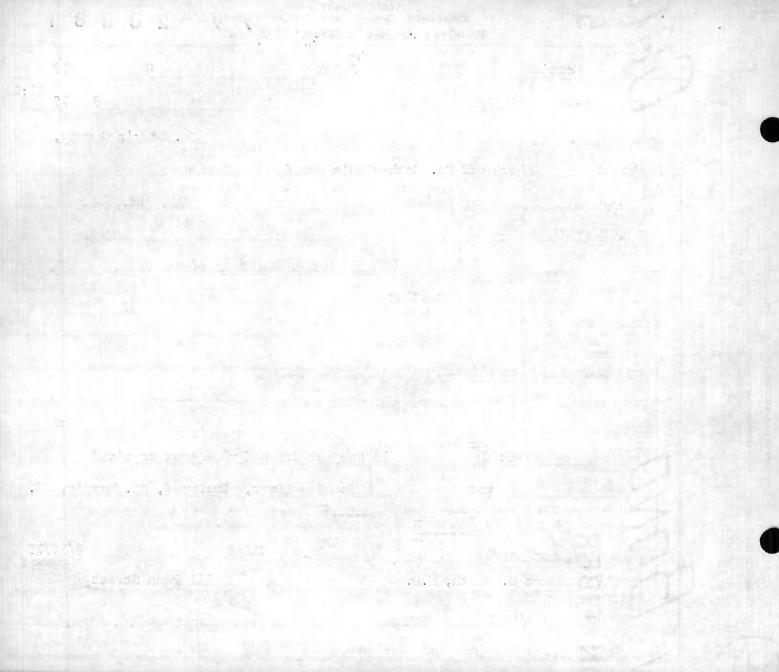
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1.05	REGISTRAR CEASED NAM	E FIRST	WEL	MIDDLE	AWIINER 2	LAST	IE OF DE		REG. NO		DAY YEA	
	PE OR PRINT)							20 DATE OF	ESTI-			
3. SE.	Y	Matti	E . DATE OF BIRTH	Bell 6 A		mith NDER I YR. HE U	INDER 24 HRS		MATED X	8 MONTH	8 19 7	791
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FC	DREIGN COUNTRY)					RIED NEVER				_		
al	ynesbor	OF DEATH	II. NAME OF HOS		WIDOV		NORCED 1	SUAL OCCUP		ry's	County 12b KIND OF	MD.
			F NOT IN SUCH FAC	LILITY, GIVE STREET	ADDRESS)		FO	R MOST OF WOR	KING LIFE)	COI WORK	OR INDU	STRY
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	TATE	Mab. COUN		13c. CITY OR	OWN	13d. INSIDE CITY LI		REET ADDRE			V T	
14 F	D. C			Washin	igion	YES X N		-New Y	OTUR, F	ve.	V.E.	
	FIRST		MIDDLE	LAST		FIRST		W	IDDLE		LAST	
		Wimberly DEVER IN U.S. AR	MED FORCES?	16b. SOCIAL	SECURITY NO.	-Gus	sle		ADDRESS	H	enley	
(1	NO NO	(IF YES, GIVE	WAR OR DATES)		1805	Too A	(1) a 0 +	1104 11	Maus	la s-la	A. o. M. T	
		E DEATH /Enter on	ly one cause per line			Joe A.	wacto	NET. 44.	-New Y	OTR,	APPROXIM	ATE INTERVAL
	PARTIDE	ATH WAS CAUSE	D BY:	Drown							BETWEEN OF	SET AND DEATH
2004	83A	IMMEDIA.	TE CAUSE (a) DUE TO, OR	AS A CONSEC			0112			7.100		
/		ns, if any, which									100	
	couse (o	se to immediate) stating the <u>under</u> -		AS A CONSEO	UENCE OF			7.3				
	lying car	use last.	(c)									
	PART 2 OTHER S	GNIFICANT CONDITIONS	CONTRIBUTING TO OEATH E	UT NOT RELATED T	THE TERMINAL DISEA	SE OR CONDITION GIVE	EN IN PART 1 a					
NO												
CATI	190. DATE OF	OPERATION	196. CONDIT	ION FOR WHI	H OPERATION V	VAS PERFORMED)?				20. AUTOP	SY?
TIFE	VIET :							1134			YES D	NO
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CAL	CONTRIBUTI	NG CAUSE OF	DEATH 5:00 P.M.	8 8	19 79 Su	bject dr	cowned	when b	oat c	apsiz	ed	
AEDI	21d INJURY (STREET BACT	ORY, FARM, ETC.)		CATION .		CITY OR TO	MM	COI	UNTY	STATE
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			e of the remains day	cuber obove, h	eld Autor	Ny X, Ins	spection .	Inquiry	, on	d in my op	oinian	
	death result	/	fol courer .	ecident X		Homicide		etermined mo	nner .			
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	(TIPE OR PRI	NI)	as D. Smit			ADDRESS			Penn	Stre	et	
23o. E	SPECIFY)	TION, REMOVAL	3b. DATE		E OF CEMETERY			LOCATION TY OR TOWN	19-5-4	coul	NTY	STATE
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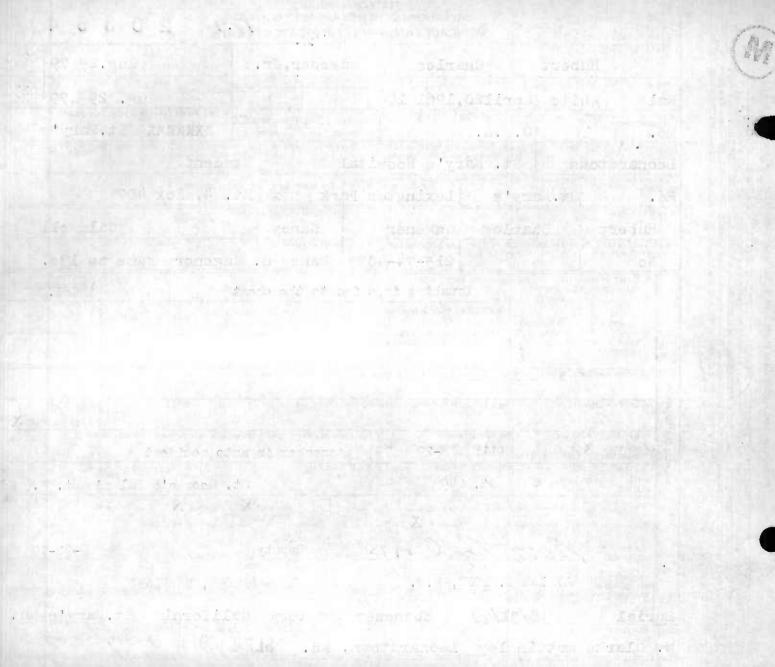


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RY, PLEASE DIRECTOR. DUR FILES. 72 HOURS	3. SEX		5 DATE OF BIRTH	6. AGE (IN)	YEARS IF UN	DER 1 YR. IF UNDER 24	DEATH M	MONTH		YEAR	24_HOUR
ARY, F L DIRE YOUR V 72 I		emale negro	FEB 10,		YRS.	DAYS HOURS A	DEAD	RECITY OR COU		1979	į,
NECESSARY, PIEASE FUNERAL DIRECTOR. 5 FOR YOUR FILES. WITHIN 72 HOURS	AUG	RTHPLACE (STATE OR LEGISLA COUNTRY) GEORGIA	U.S.A.	AT COUNTRY?	WIDOW	ED NEVER MARRIED		Mary's C			MD
PAGE FILED	St.	Catherine Sound	Bluff Pt.		Wicom	ico River	FOR MOST OF WORKING HOUSEWI	FE (TYPE OF WOR	N 12b. KIN OR	ID OF BUS	SINESS Y
IF ANY DEI SHOULD BE PECORDS	D.			WASHINGTO	ON		3. STREET ADDRESS 1016 RHODI	E ISLAND	AVE.	,N.E	
MD. SATH.		THER'S NAME UNKNOWN	MIDDLE	LAST		MARIE SCOT	T MOORE	100	L/	AST	
BALTIMORE, URS AFTER DE WITH FORM WITH FORM DIVISION OF	16a. V (Yi	VAS DECEASED EVER IN U.S. ARA (S, NO, OR UNKNOWN) (IF YES, GIVE NO	WED FORCES? WAR OR DATES)	166. SOCIAL SECUR 577 30 54		17. INFORMANT BENNIEJACKS		ADDRESS 16 R.I.	Ave.,	N.E.	,D.C.
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST. S. CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HO RITING THE WORD "PENDING" IN PENCIL IN ITEM 1 ROED TO THE CHIEF MEDICAL EXAMINER ALONG E. 3 SHOULD BE USED AS A BURIAL-RANSIT PERMIT PRIOR-TO BURIAL, CREMATION, OR REMOVAL.) NO	PART I DEATH WAS CAUSED IMMEDIAT Conditions, if ony, which gove rise to immediate cause (a) stating the under- lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS	(c)	Orowning AS A CONSEQUENCE AS A CONSEQUENCE UT NOT RELATED TO THE TEE	E OF	OR CONDITION GIVEN IN PART	1 (a).			ZEN ONSET	
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MEDICAL EXAMINER: THE CUTE THE CERTIFICATE, WI SE 4 SHOULD BE FORWA THURRAL DIRECTOR: PAG FR DEATH, WITH THE STATI ITIMORE, MARYLAND, 21201	W	ACTUAL SIGNATURE		Sharp and the state of the stat	Autap:	omico River Sy E Inspection Hamicide TITLE (SPECIFY) D. Deputy Chi	lll Penn	ond in my ner , DAT		-10-7	Md.
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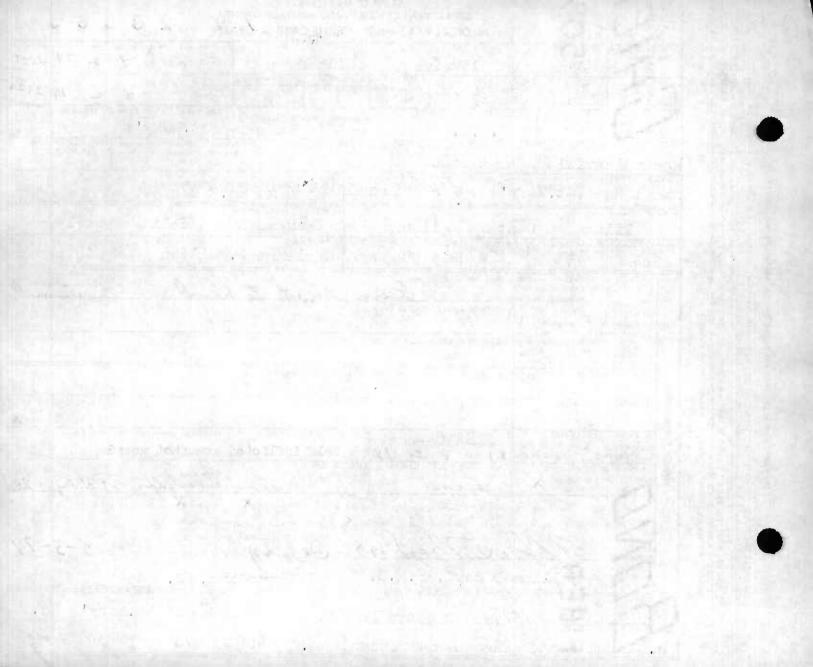
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN [X MONTH (TYPE OR PRINT) OF ESTI-DEATH MATED Aug. 29, 79 Charles Wagener, Jr. Hubert 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 4. RACE 0230 SEX DATE PRONOLINCED Male April 20, 1961 18 YRS White DEAD 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR MARRIED NEVER MARRIED XX FOREIGN COUNTRYS St. Marv Md. U.S.A. DIVORCED 120. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION St. Mary's Hospital Student Leonardtown JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 138 JUSIDE CITY LIMITS? Md . Lexington Park St. Mary's KON 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE Caldwell Hubert Nancy Wagener Charles 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 215-74-4023 Nancy O. Wagener same as 13e. No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY Crushing injuries to the chest immed. DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF YES NO X VARDED TO THE CAGE 3 SHOULD BE ATE DEPARTMENT COLD PRIOR TO BURIA 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) passenger in auto accident 21e. PLACE OF INJURY (AT HOME 21f. LOCATION St. George's Island WHILE AT WORK St. M. Md Inspection X Inquiry X and in my apinian 22a. I certify that I taak charge of the remains described above, held an Autopsy Undetermined manner Hamicide ___ TITLE (SPECIFY) Deputy 8-30-79 EXAMINER'S NAME WILLIAM D. BOYD, M.D. LEONARDTOWN, MARYLAND ADDRESS. 23r. NAME OF CEMETERY OR CREMATORY 23a.BURIAL, CREMATION, REMOVAL 23b. DATE St. Mary's Md. California Burial Ebenezer Cemetery 256. REGISTRAR'S SIGNATUL 24 FUNERAL DIRECTOR (VR A15 ME (5)) W. Clarke Mattingley Leonardtown, Md. 15M 7/76



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	death resul	Ited fram: Nat	ural causes	Accident,	Suicide		Undetermined ma	nner .			
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	SIGNATURE	0.1	- Jour	\(\frac{1}{1}\)	M	prissistall	MEDICAL EXAM	INER	SIGNED.	0/5//	
4	EXAMINER'S	NAME Vir	ginia L. I	Dolan, M.	D.	ADDRESS	111	Penn S	treet		
23a. B	URIAL, CREMA								COUNTY	STA	re
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	1. DEG (TYP) 3. SEX Fe 70 BI 70 NO 1 10. C1 Me 130. S NO 1 14. FA 230. B (1) 24. F	Temale 70. BIRTHPLACE (** Female 70. BIRTHPLACE (** FOREGO COUNTRY) NOTTH CE 10. CITY OR TOWN Mechanic USUAL RESIDENCE 130. STATE Marylar 14. FATHER'S NAM FUSTI 14. FATHER'S NAM FUSTI 160. WAS DECEASE (YES, NO, OR UNKN NO 18. CAUSE (** PART I D Condition gave r couse (c. lying co PART 2 OTHER: 190. DATE O 190. DATE O WHILE AT WORK 220. I cer death resul ACTUAL SIGNATURE EXAMINER'S (SPECIFY) 230. BURIAL, CREM. (SPECIFY) 24. FUNERAL DIRE 24. FUNERAL DIRE	- STATE REGISTRAR 1. DECEASED NAME (TYPE OR PRINT) Nanc 3. SEX 4. RACE Female Black 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) NOTH Carolina 10. CITY OR TOWN OF DEATH Mechanics ville USUAL RESIDENCE (IF IN NURSING MOME 130. STATE Maryland St. 1 14. FATHER'S NAME FIRST James 160. WAS DECEASED EVER IN U.S. AF (YES. NO. OR UNKNOWN) 18. CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSI IMMEDIA Conditions, if any, which gove rise to immediat couse (a) stating the under lying couse last. PART 2 OTHER SIGNIFICANT (ONOITION 190. DATE OF OPERATION 190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 210. INJURY OCCURRED WHILE AT WORK 220. I certify that I took chain death resulted from: Not ACTUAL SIGNATURE EXAMINER'S NAME (SPECIFY) 230. BURIAL CREMATION, REMOVAL 241. FUNERAL DIRECTOR	The REGISTRAR I. DECEASED NAME (IYPE OR PRINT) Nancy I. SEX I. RACE I. DATE OF BIRTH MONTH DAY Female Black FOREIGN COUNTRY NOTh Carolina II. NAME OF HOS (IF NOT INSUCH FROT ROUTE USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, G III. NAME OF HOS (IF NOT INSUCH FROT ROUTE USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, G III. NAME OF HOS (IF NOT INSUCH FROT ROUTE USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, G III. NAME OF HOS (IF NOT INSUCH FROT ROUTE USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, G III. NAME OF HOS (IF NOT INSUCH FROT ROUTE III. NAME OF HOS (IF NOT INSUCH FROT ROUTE ROUTE III. NAME OF HOS (IF NOT INSUCH FROT ROUTE ROUTE III. NAME OF HOS (IF NOT INSUCH FROT ROUTE III. NAME OF HOS (IF NOT INSUCH FROT ROUTE III. NAME OF HOS (IF NOT INSUCH FROT ROUTE III. NAME OF HOS (IF NOT INSUCH FROT III. NAME OF HOS ROUTE ROUTE III. NAME OF HOS ROUTE ROUTE III. NAME OF HOS ROUTE ROUTE ROUTE III. NAME OF HOS ROUTE ROUTE III. NAME OF HOS ROUTE ROUTE ROUTE III. NAME OF HOS ROUTE ROUTE	The control of the co	TOPECEASED NAME I. DECEASED NAME (TYPE OR PRENT) Nancy S. DATE OF BIRTH MODIE T. BIRTHPLACE (STATE OR PRENT) NOT TH Carolina II. NAME OF HOSPITAL, NURSING HOME, OR OTHER MECHANICS OUT ST. MODIE TO BIRTHPLACE (STATE OR PRENT) NOT TH Carolina III. NAME OF HOSPITAL, NURSING HOME, OR OTHER MECHANICSVIIIe III. NAME OF HOSPITAL, NURSING HOME, OR OTHER ROULE 1, BOX 135 ROULE 1, BOX 135 ROULE 1, BOX 135 III. STATE MEDICAL RESIDENCE (IF IN NULSING HOME OR OTHER RISTITUTION, ORNE RESIDENCE BEFORE ADMISSION) III. STATE III. NAME OF HOSPITAL, NURSING HOME, OR OTHER ROULE 1, BOX 135 ROULE 1, BOX 135 III. SCAUTS III. NAME OF HOSPITAL, NURSING HOME, OR OTHER ROULE 1, BOX 135 WILSON III. SCAUTS III. SCAUTS III. NAME OF HOSPITAL, NURSING HOME, OR OTHER ROULE 1, BOX 135 WILSON III. SCAUTS II	FOR STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE (FOR STATE MEDICAL EXAMINER'S CERTIFICATE OPDEATH	SCR STARE MEDICAL EXAMINER'S CERTIFICATE OPDEATH REG. NO.	DEPARTMENT OF HEALTH AND MENTAL HYGENS MEDICAL EXAMINER'S CERTIFICATE OPDEATH REG. NO. DEPARTMENT OF HEALTH AND MENTAL HYGENS MEDICAL EXAMINER'S CERTIFICATE OPDEATH REG. NO. TO DATE KNOWN IN MODILE IN DATE OF BRITH MARKED TO DATE OF BRITH MARKED TO DATE OF BRITH NAME OF BRITH MARKED TO DATE OF BRITH MARKED TO MARKED TO DATE OF BRITH MARKED TO DATE MARKED TO STANKE TO DATE OF BRITH MARKED TO MARKED TO DATE OF BRITH MARKED TO DATE OF BRITH MARKED TO DATE OF BRITH MARKED TO DATE OF BRITH MARKED TO DATE OF BRITH MARKED TO DATE OF BRITH MARKED TO DATE OF BRITH MARKED TO DATE OF BRITH MARKED TO DATE OF BRITH MARKED TO DATE OF BRITH MARKED TO DATE OF BRITH MARKED TO DATE OF BRITH MARKED TO DATE OF BRITH MARKED TO DATE OF BRITH MARKED TO DATE OF BRITH MARKED TO DATE MARKED TO DATE MARKED TO DATE MARKED TO DATE OF BRITH MARKED TO DATE MARKED TO DATE MARKED TO DATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE RECISTRAR MEDICAL EXAMINER'S CERTIFICATE OPDEATH RECISTRAR MEDICAL EXAMINER'S CERTIFICATE OPDEATH RECISTRAR Nancy Faye Wilson DEATH MARIE

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